

**WEAKLEY COUNTY LOCAL GOVERNMENT
HEALTH INSURANCE RATES
JANUARY 1, 2014**

PLAN	PLAN TYPE	TOTAL PREMIUM	COUNTY SHARE	EMPLOYEE SHARE
CIGNA - WEST PARTNERSHIP PPO	EMPLOYEE ONLY	\$ 611.55	\$ 458.65	\$ 152.90
	EMPLOYEE+CHILD(REN)	947.90	626.84	321.06
	EMPLOYEE+SPOUSE	1,314.81	810.29	504.52
	FAMILY	1,651.18	978.48	672.70
STANDARD PPO	EMPLOYEE ONLY	\$ 636.55	\$ 477.41	\$ 159.14
	EMPLOYEE+CHILD(REN)	972.90	645.58	327.32
	EMPLOYEE+SPOUSE	1,364.81	841.53	523.28
	FAMILY	1,701.18	1,009.72	691.46
LIMITED PPO	EMPLOYEE ONLY	\$ 391.61	\$ 293.71	\$ 97.90
	EMPLOYEE+CHILD(REN)	606.99	401.39	205.60
	EMPLOYEE+SPOUSE	841.96	518.88	323.08
	FAMILY	1,057.35	626.57	430.78
BLUE CROSS BLUE SHIELD - WEST				
PARTNERSHIP PPO	EMPLOYEE ONLY	\$ 631.55	\$ 473.65	\$ 157.90
	EMPLOYEE+CHILD(REN)	987.90	651.84	336.06
	EMPLOYEE+SPOUSE	1,354.81	835.29	519.52
	FAMILY	1,691.18	1,003.48	687.70
STANDARD PPO	EMPLOYEE ONLY	\$ 656.55	\$ 492.41	\$ 164.14
	EMPLOYEE+CHILD(REN)	1,012.90	670.58	342.32
	EMPLOYEE+SPOUSE	1,404.81	866.53	538.28
	FAMILY	1,741.18	1,034.72	706.46
LIMITED PPO	EMPLOYEE ONLY	\$ 411.61	\$ 308.71	\$ 102.90
	EMPLOYEE+CHILD(REN)	646.99	426.39	220.60
	EMPLOYEE+SPOUSE	881.96	543.88	338.08
	FAMILY	1,097.35	651.57	445.78

WEAKLEY COUNTY PAYS 75% OF THE TOTAL PREMIUM OF THE EMPLOYEE ONLY COST PLUS 50% OF THE ADDITIONAL COST FOR DEPENDENTS.

WEAKLEY COUNTY IS PREMIUM LEVEL 1.

DENTAL INSURANCE RATES PROPOSED 1/01/2014			
<u>ASSURANT PRE-PAID</u>		<u>DELTA DENTAL PPO</u>	
EMPLOYEE ONLY	\$9.92	EMPLOYEE ONLY	\$21.07
EMPLOYEE + CHILD(REN)	\$20.60	EMPLOYEE + CHILD(REN)	\$48.44
EMPLOYEE + SPOUSE	\$17.58	EMPLOYEE + SPOUSE	\$39.85
FAMILY	\$24.17	FAMILY	\$77.98